

**BY ORDER OF THE COMMANDER  
341ST MISSILE WING**

**341ST MISSILE WING INSTRUCTION 65-103**

**13 MARCH 2012**



***Financial Management***

***USE OF THE ELECTRONIC MANAGEMENT  
TRACKING SYSTEM AND 341ST MISSILE  
WING TIME AND ATTENDANCE FORMS***

**COMPLIANCE WITH THIS PUBLICATION IS MANDATORY**

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This instruction complements AFD 65-1, *Management of Financial Resources and Services*, 1 July 1996, and establishes procedures and guidance for all agencies reporting time and attendance and requesting and approving overtime and compensatory time. This instruction is also consistent with guidance provided in DoD 7000.14-R, Volume 8, *Department of Defense Financial Management Regulation, Civilian Pay Policy and Procedures*. It applies to all personnel assigned to the 341 Missile Wing and subordinate units, and personnel assigned to, attached to, or supported by, Malmstrom AFB. It does not apply to Defense Commissary Agency (DECA) or the Defense Reutilization and Marketing Office (DRMO). It also does not apply to Air National Guard (ANG) or Air Force Reserve (AFRC) personnel. Refer recommended changes and questions about this publication to the Office of Primary Responsibility (OPR) using AF Form 847, **Recommendation for Change of Publication**; route AF Form 847 through the wing publishing office. Ensure that all records created as a result of processes prescribed in this publication are maintained in accordance with Air Force Manual (AFMAN) 33-363, Management of Records, and disposed of in accordance with Air Force Records Information Management System (AFRIMS) Records Disposition Schedule (RDS) located at <https://www.my.af.mil/gcss-af61a/afirms/afirms/>.

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## ***SUMMARY OF CHANGES***

The revision of this publication is to eliminate the use of paper forms where possible and implement the use of the electronic Management Tracking System (eMTS) as mandated by the Air Force. The Firefighters in 341 CES/CEF are exempt from using eMTS until the system can support their uncommon tour of duty schedules. Rivet Mile will continue to use the TAA system supported by Hill AFB. 341MW Form 110, **Time and Attendance Report**, and 341MW Form 116, **Work Schedule Change**, have also been revised.

### **1. Employee Personal and Personnel Data Input:**

1.1. All new/transferring employees will in-process with the Civilian Pay Customer Service Representative (CSR) and their unit Time Keeper. The CSR enters/changes personal data into the Defense Civilian Pay System (DCPS) for all employees.

1.2. The CSR is also the electronic Management Tracking System (eMTS) Data Administrator and enters personnel data into eMTS for all employees supported by the program. Firefighters and Rivet Mile employees are the only exceptions to eMTS use at this time.

### **2. eMTS Training:**

2.1. Employees, Supervisors/eMTS Certifiers, and Time Keepers must familiarize themselves with eMTS by viewing the web based training videos which pertain to them at the following link: <https://eis.afspc.af.mil/unit/hq/FM/eMTS/default.aspx>

2.2. eMTS Users utilize the help button available on each eMTS screen prior to contacting their Time Keeper or the CSR for assistance with data input.

### **3. Reporting Civilian Time and Attendance:**

3.1. Employees should enter their time and attendance each day. Firefighters and Rivet Mile employees shall use 341 MW Form 110, **Time and Attendance Report** (Attachment 2). All other employees shall use eMTS labor entry. eMTS Users access the database at: <https://emtsapp2.peterson.af.mil>. The Malmstrom AFB eMTS database is not accessed via the Air Force Portal or any other search engine.

3.2. Supervisors/Certifiers are responsible for ensuring time and attendance is entered, signed, and certified prior to close of business on the second Thursday of each pay period.

3.3. Time Keepers for the Firefighters are responsible for entering time and attendance into DCPS and the Time Keepers for Rivet Mile are responsible for entering time and attendance into TAA. Data shall be entered on the second Friday of each pay period.

3.4. Adjustments to time and attendance will be accomplished as soon as possible and should be no later than the following pay period cutoff.

### **4. Changing Civilian Employee Work Schedules:**

4.1. Supervisors will notify the unit Time Keeper when a change to an employee's work schedule is required.

4.2. Supervisors of Firefighters and Rivet Mile employees must complete 341 MW Form 116, **Work Schedule Change** (Attachment 3), sign the form, and forward to the unit Time

Keeper. The Time Keeper for Firefighters enters the information into DCPS, the time keeper for Rivet Mile enters the information into TAA.

4.3. All other employees:

4.3.1. The Time Keeper must notify the eMTS Labor Administrator (usually the CSR) if a change to the Alternate Work Schedule (AWS) code is necessary. The CSR will change the AWS code in eMTS.

4.3.2. After the AWS code has been changed in eMTS the Time Keeper or Supervisor will change the employee's work schedule in eMTS.

4.3.3. The work schedule is also changed in the Defense Civilian Pay System (DCPS) Time and Attendance program by the Time Keeper. The work schedule and AWS code must match in eMTS and DCPS.

**5. AF Form 428, Submission and Approval of Request for Overtime, Holiday Premium Pay, and Compensatory Time:**

5.1. All commanders must submit an appointment letter designating who is authorized to approve overtime, holiday premium pay, and compensatory time to their unit's Time Keeper who will forward the letter to the CSR. Approving authorities shall be the squadron commander and/or his/her designated representative.

5.2. The eMTS Overtime Request shall be used for all overtime, holiday premium pay, and compensatory time except for Firefighters and Rivet Mile employees. Firefighters and Rivet Mile employees shall continue to use the AF 428 (Attachment 4).

5.3. Supervisors are responsible for the timely submission of requests for overtime, holiday premium pay, and compensatory time. Requests must be approved prior to entry into eMTS.

5.4. A reasonably detailed rationale as to why the overtime, compensatory time, or holiday premium pay is/was necessary must be included in the justification block. Do not use vague statements such as "direct mission support." Each occurrence must be listed by date on a separate line.

5.5. The AF 428 shall be maintained for six years by the Unit Time Keeper as supporting documentation for the overtime, compensatory time, or holiday pay claimed on the timecard.

**6. OPM Form 71, Submission and Approval of Request for Leave:**

6.1. Requests for accrued/restored/advanced annual leave, accrued sick leave, compensatory time off, other paid absence, or leave without pay should be submitted to the immediate supervisor via the eMTS Leave Request except for Firefighters and Rivet Mile employees who may utilize OPM 71 (Attachment 5).

6.2. Requests for advanced sick leave, donated leave, or leave covered by the Family and Medical Leave Act (FMLA) shall be submitted to the Labor Relations Officer (LRO). OPM 71 will be used for advanced sick leave and FMLA leave. OPM Form 630, **Application to Become a Leave Recipient Under the Voluntary Leave Transfer Program** (Attachment 6), shall be used to request donated leave.

6.3. Remarks concerning an employee's nature of illness shall not be disclosed in eMTS or to any person not entitled to have knowledge of such information.

6.4. Supervisors are responsible for the timely approval/disapproval of leave requests. Disapprovals require explanation and initiation of action to reschedule leave if applicable.

**7. Electronic Time Card System Prescribed.** The Electronic Management Tracking System is mandated for all employees except Firefighters and Rivet Mile employees.

HERALDO B. BRUAL, Colonel, USAF  
Commander

**Attachment 1**

**GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION**

*Prescribed Forms*

341 MW Form 110, **Time and Attendance Report**

341 MW Form 116, **Work Schedule Change**

*Adopted Forms*

AF Form 428, **Request for Overtime, Holiday Premium Pay and Compensatory Time**

AF Form 847, **Recommendation for Change of Publication**

OPM Form 71, **Request for Leave or Approved Absence**

OPM Form 630, **Application to Become a Leave Recipient Under the Voluntary Leave Transfer Program**

**Attachment 2****COMPLETION OF 341 MW FORM 110, TIME AND ATTENDANCE REPORT**

**A2.1.** The 341MW Form 110 will be completed for Firefighters and Rivet Mile employees, as indicated below, each pay period. Time and Attendance for all other employees shall be reported in eMTS.

A2.1.1. SSN: Enter the employee's Social Security Number.

A2.1.2. NAME: Enter the employee's Name in Last name, First name format.

A2.1.3. ACTIVITY: Enter the employee's UIC/PAS code

A2.1.4. ORGANIZATION: Enter ORG code as it appears in the DCPS system.

A2.1.5. PERIOD ENDING: Enter Pay Period End Date in mm/dd/yyyy format.

A2.1.6. DUTY HOURS: Enter Start/Stop times employee is scheduled to work i.e. 0730-1630.

A2.1.7. PLT RT: Leave blank with the exception of the Heat and Power Plant

A2.1.8. AWS: Enter 6, 8, or 0 according to employee's schedule.

A2.1.9. SCHED HOURS: Enter Number of Hours employee is scheduled to work.

A2.1.10. TYPE HOUR CODE: Enter Leave/Overtime/Compensatory codes when applicable.

A2.1.11. NUMBER OF HOURS: Enter Number of hours of Leave/Overtime/etc.

A2.1.12. TIME START/STOP: Enter Time leave or overtime etc. began and ended, if for less than 1 day. Leave blank if for the entire scheduled work day.

A2.1.13. EH/UNION: Enter Environmental/Union/Family Leave codes when applicable.

A2.1.14. AF 428 or SF 71: Insert X if overtime code was used on this day and AF 428 was accomplished. Insert X if leave code was used on this day and SF 71 was accomplished.

A2.1.15. NIGHT DIFF (GS): Insert number of hours GS employee worked between 1800hrs and 0600hrs.

A2.1.16. TEMP SHIFT (WG): Enter 1, 2, or 3 according to which Temporary Shift WG employee worked on that day.

A2.1.17. INJ #: Enter Date Traumatic Injury occurred in mmdd format.

A2.1.18. TDY: Insert X if employee is/was TDY.

A2.1.19. REMARKS: Enter reason LV code was used i.e., Fitness, Blood Donor Leave. Other pertinent remarks may also be entered.

A2.1.20. EMPLOYEE INITIALS: Employee initials form for each day there were exceptions i.e. leave taken/overtime/compensatory time earned or taken.

A2.1.21. EMPLOYEE SIGNATURE: By signing, employee is verifying time card entries are correct.

A2.1.22. AUTHORIZED SIGNATURE: Supervisor must sign form. Supervisor's signature is certification the data on the time card is accurate to the best of the supervisor's knowledge.

**Attachment 3****COMPLETING 341 MW FORM 116, WORK SCHEDULE CHANGE**

**A3.1.** The 341MW Form 116 will be completed for Firefighters and Rivet Mile employees, as indicated below, whenever a change in the work schedule occurs. Work schedule changes for all other employees shall be accomplished in eMTS.

A3.1.1. SSN: Enter the employees Social Security Number.

A3.1.2. NAME: Enter the employees Name in Last name, First name format.

A3.1.3. ACTIVITY: Enter the UIC/PAS code.

A3.1.4. ORGANIZATION: Enter ORG code as it appears in the DCPS system.

A3.1.5. EFFECTIVE DATE: Enter the Date in mmddyyyy format.

A3.1.6. T&A STATUS CODE: Enter A for Active, P for Pending, or D for Deceased employees.

A3.1.7. AWS Code: Enter 6, 8, or 0 according to employee's schedule.

A3.1.8. PLATOON ROTATING CODE: Enter Code for Heat and Power Plant employees only. Leave blank for all other employees.

A3.1.9. WEEK 1 and WEEK 2 SUN through SAT: Enter Number of Hours employee is scheduled to work for each day.

A3.1.10. SHIFT: Enter 1, 2, or 3 depending on WG employee's scheduled shift for each day.

A3.1.11. NGT- DIFF: Enter Number of Hours GS employee is scheduled to work between 1800hrs and 0600hrs for each day.

A3.1.12. TEMPORARY CHANGE: Insert X in the box if the work schedule change is temporary, enter the date employee will return to the original schedule, and enter the original work schedule.

A3.1.13. SUPERVISOR SIGNATURE: Supervisor must sign the form. The supervisor is certifying the data on the work schedule change is accurate and approved.

A3.1.14. DATE SUBMITTED: Enter the Date the supervisor submits the form to the time keeper.



**Attachment 4****COMPLETING AF FORM 428, REQUEST FOR OVERTIME, HOLIDAY PREMIUM PAY AND COMPENSATORY TIME**

**A4.1.** The AF Form 428 will be completed for Firefighters and Rivet Mile employees, as indicated below, whenever Overtime, Holiday Premium Pay, and Compensatory Time is authorized. Each occurrence must be listed separately by date. The Overtime Request in eMTS shall be completed for all other employees.

A4.1.1. TO: Enter the name of the Commander or Designee appointed to approve requests for overtime, holiday premium pay, and compensatory time.

A4.1.2. THRU: Enter the name of the Resource Advisor. Not required if funds are centrally managed.

A4.1.3. FROM: Enter the name of the Requester.

A4.1.4. JUSTIFICATION: Enter the Reason the work was performed for each occurrence. Do not use "mission requirements" or other vague statements.

A4.1.5. PAY PERIOD: Enter the Pay Period End date in which the work was performed.

A4.1.6. RC/CC: Leave blank.

A4.1.7. REQUEST NUMBER: Leave blank.

A4.1.8. SSN/NAME/OFFICE SYMBOL: Enter Employees SSN, Name, and Office Symbol/ORG code as it appears in DCPS for each occurrence of overtime, holiday pay, or compensatory time.

A4.1.9. GRADE: Enter Employees Grade.

A4.1.10. HOURS REQUESTED: Enter Number of Hours requested if request is for overtime or holiday pay.

A4.1.11. DATE OVERTIME WILL BE WORKED: Enter Date when the overtime or holiday work will be performed.

A4.1.12. ESTIMATED OVERTIME/HOLIDAY RATE: Enter Employee's Pay Rate for overtime or holiday pay.

A4.1.13. ESTIMATED TOTAL COST: Enter Estimated Total Cost of the hours to be worked for overtime or holiday work.

A4.1.14. COMPENSATORY TIME HOURS: Enter Number of Compensatory Time Hours to be worked.

A4.1.15. COMPENSATORY TIME DATE: Enter the Date that the compensatory time will be worked.

A4.1.16. TOTAL HOURS REQUESTED: Enter the Total Number of Hours listed in the column.

A4.1.17. TOTAL ESTIMATED COST: Enter the Total Amount of Costs listed in the column.

A4.1.18. TOTAL COMPENSATORY TIME HOURS: Enter the Total Number of Compensatory Time Hours listed in the column.

A4.1.19. DATE: Enter the Date the form was signed by the Requestor.

A4.1.20. TYPED NAME/GRADE/ AND TITLE OF REQUESTOR: Enter the Requestors information.

A4.1.21. SIGNATURE: Requestor must sign the form. The form should be digitally signed by the requestor.

A4.1.22. FUNDS CERTIFICATION.

A4.1.22.1. ACCOUNTING CLASSIFICATION: Leave blank.

A4.1.22.2. FUNDS AVAILABILITY: Enter X in Funds Available or Funds Not Available box as applicable.

A4.1.22.3. TYPED NAME/GRADE/ AND TITLE: Enter the Resource Advisors information. Not required if funds are centrally managed.

A4.1.22.4. DATE: Date of Resource Advisor's signature. Not required if funds are centrally managed.

A4.1.22.5. SIGNATURE OF CERTIFYING OFFICIAL: Resource Advisor signature. The form should be digitally signed. Not required if funds are centrally managed.

A4.1.23. APPROVING AUTHORITY.

A4.1.23.1. APPROVAL/DISAPPROVAL: Commander or Designee enters X in Approved or Not Approved box as applicable.

A4.1.23.2. DATE: Enter Date of Commander or Designee's signature.

A4.1.23.3. TYPED NAME/GRADE/ AND TITLE: Enter the Commander or Designee's information.

A4.1.23.4. SIGNATURE OF APPROVING OFFICIAL: Commander or Designee's signature. The form should be digitally signed.

**Attachment 5****COMPLETING OPM FORM 71, REQUEST FOR LEAVE OR APPROVED ABSENCE**

**A5.1.** The OPM Form 71 should be completed for Firefighters and Rivet Mile employees whenever ordinary leave is requested and shall be completed, as indicated below, by all employees requesting advanced sick leave or leave covered by FMLA.

A5.1.1. NAME: Enter the employees Name in Last name, First name, Middle name format.

A5.1.2. SSN: Enter the employees Social Security Number.

A5.1.3. ORGANIZATION: Enter the employees Unit and Office Symbol.

A5.1.4. TYPE OF LEAVE: Insert X in the appropriate leave type box.

A5.1.5. DATES: Enter the first day and last day leave is requested.

A5.1.6. TIMES: Enter the beginning and ending time of the requested leave.

A5.1.7. PURPOSE: Insert X in the appropriate sick leave purpose box.

A5.1.8. FAMILY AND MEDICAL LEAVE: Insert X in the box invoking the entitlement to Family and Medical Leave.

A5.1.9. FMLA REASON: Insert X into the box which describes the type of FMLA leave requested.

A5.1.10. REMARKS: Enter any significant comments.

A5.1.11. EMPLOYEE SIGNATURE: Digitally sign if possible otherwise hand sign with pen and ink.

A5.1.12. SIGNATURE DATE: Enter the date the form was signed by the employee.

A5.1.13. OFFICIAL ACTION: Insert X into the Approved or Disapproved box as is applicable.

A5.1.14. REASON FOR DISAPPROVAL: Supervisor must give reason for disapproval and initiate action to reschedule leave.

A5.1.15. SUPERVISOR SIGNATURE: Supervisor (or Labor Relations Officer for advanced sick or FMLA leave) digitally signs form if possible otherwise hand sign with pen and ink.

A5.1.16. SIGNATURE DATE: Enter the date the form was signed by the supervisor or LRO.

**Attachment 6****COMPLETING OPM FORM 630, APPLICATION TO BECOME A LEAVE RECIPIENT  
UNDER THE VOLUNTARY LEAVE TRANSFER PROGRAM**

**A6.1.** The OPM Form 630 shall be completed, as indicated below, by all employees whenever donated leave is requested.

A6.1.1. NAME: Enter the employees Name in Last name, First name, Middle name format.

A6.1.2. SSN: Enter the employees Social Security Number.

A6.1.3. EMPLOYEE NUMBER: Not used at this time.

A6.1.4. POSITION TITLE: Enter the employee's official position title.

A6.1.5. PAY PLAN: Enter the employee's grade series i.e. GS, WG, etc..

A6.1.6. NAME OF ORGANIZATION: Enter the Agency/Department, Wing, Unit, Office, etc.. i.e. DOD/USAF/341MW/341CPTS/FMF.

A6.1.7. OFFICE TELEPHONE NUMBER: Enter the employee's Commercial and DSN office phone number.

A6.1.8. NATURE AND SEVERITY OF THE MEDICAL EMERGENCY: Describe the reason for the request of donated leave.

A6.1.9. INDIVIDUAL AFFECTED: Insert X into the Employee or Employee's Family Member box, whichever is applicable.

A6.1.10. DATE EMERGENCY BEGAN: Enter the date the illness/medical emergency began.

A6.1.11. DATE EMERGENCY ENDED: Enter the date the illness/medical emergency ended or is expected to end.

A6.1.12. NAME OF PHYSICIAN: Enter the name of the physician who will verify the emergency. (Documentation must be attached)

A6.1.13. ANNUAL AND SICK LEAVE BALANCES: Enter the number of hours of annual and sick leave available at the end of the last pay period into the appropriate boxes.

A6.1.14. LEAVE WITHOUT PAY: Enter the number of hours of leave without pay that has been used for this emergency.

A6.1.15. PROVIDE A DESCRIPTION: Check whichever box applies:

Applicant does not want a description distributed, or Applicant does not wish to have name used with the description or disclosed to anyone except the supervisor and deciding official.

A6.1.16. DESCRIPTION OF MEDICAL EMERGENCY: Give a description of the emergency which can be distributed so that other employees may donate annual leave to the applicant.

A6.1.17. NAME OF INDIVIDUAL COMPLETING APPLICATION: Enter the name of the person who is applying on behalf of the applicant.

A6.1.18. REATIONSHIP: Enter the relationship of the person applying to the applicant.

A6.1.19. TELEPHONE NUMBER: Enter the phone number of the person applying on behalf of the applicant.

A6.1.20. CERTIFICATION THAT STATEMENT IS TRUE: Signature of applicant or person applying on behalf of applicant.

A6.1.21. DATE SIGNED: Enter the date the certification that the statement is true was signed.

A6.1.22. FIRST LEVEL RECOMMENDATION: Check applicable box, sign and date.

A6.1.23. DECIDING OFFICIAL'S DECISION: Check applicable box, sign and date.